

# Inside OUT

The Newsletter of the CDC/HRSA Corrections Demonstration Projects  
Produced four times a year through the collaboration of  
Correctional Technical Assistance and Training Project of SEATEC and the National Minority AIDS Council

Volume 2, Issue 1

Winter 2002

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## Anne Spaulding Joins CDC Team

By Hugh Potter, Ph.D., National Center for HIV/STD/TB Prevention

I am happy to announce that Anne Spaulding, M.D., has joined our project team. Since early November, she has worked at the Centers for Disease Control and Prevention as leader of the Corrections and Substance Abuse Activity Unit for the National Center for HIV/STD/TB Prevention.

Dr. Spaulding graduated from Brown University and then attended the Medical College of Virginia. She trained in internal medicine in Rhode Island and in infectious diseases at the University of Massachusetts. For the last five years, she worked as the medical program director for the Rhode Island Department of Corrections where she was very involved in HIV, STD, tuberculosis, hepatitis, and substance abuse treatment and prevention activities. She also performed clinical duties related to HIV, STDs and Hepatitis C at Rhode Island Hospital and the Rhode Island State STD Clinic. She has numerous publications and presentations regarding correctional health to her name. In addition, she recently became the national president of the Society of Correctional Physicians.



Anne Spaulding, MD

Please join me in welcoming Anne Spaulding to our team. **O**

This publication is supported by Grant Number 99095 from the Health Resources and Services Administration (HRSA) Special Projects of National Significance (SPNS) Program and the Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention. The publication's comments are of the authors and do not necessarily represent the official views of HRSA or CDC.

# Inside OUT Spotlight:

## Hugh

### Potter, Ph.D.

### CDC Program Consultant

by Judith Riley, Ph.D., Corrections Technical Assistance and Training Project, SEATEC, Emory University, Atlanta, GA

“I do *not* mean well!” Hugh exclaimed. Startled, I requested an explanation and quickly understood his insistence. Too often, Hugh told me, people fail to perform or sometimes “screw up” entirely and the comment is then made, “Yes, but he meant well.” Hugh does not want this excuse applied to him, ever. “I do *not* mean well,” he repeated, understandable this time as an apt description for a man who has found his place in life. Planner, researcher, professor, trouble-shooter and all around great guy – Hugh Potter is clearly in his element as a program consultant with CDC’s Corrections and Substance Abuse Section.

Born and raised in Lake Placid, Florida, Hugh began his career at the North Florida Evaluation and Treatment Center outside of Gainesville in 1977. Working as a “therapist of some kind” in what was, in those days, an innovative effort between the Department of Corrections and the Department of Health and Human Services, he was introduced to the world of the criminally insane. Hooked on corrections, he went on to earn his Ph.D. in sociology/criminology from the University of Florida. Looking back on it now, Hugh sees his career evolving from his initial general interest in deviant behavior and particularly in organizations. Then, and now, the issue of social control and the ways in which organizations process deviant behavior and deviant people intrigues him. Today he still enjoys working with the organizational issues around processing people through these systems.

In Florida, Hugh held a variety of positions in criminal justice planning and evaluation. Most notably, he was the founding director of the Florida Juvenile Justice Institute and acting executive director of the Florida Network of Youth and Family Services. In 1991 he was recruited to Australia to take a faculty position at the University of New England. There, while teaching criminal justice classes halfway around the world, he was amazed to find a colleague who not only had a Ph.D. from the University of Florida, but also had grown up in his tiny hometown of Lake Placid, Florida. For Hugh, it really was a small world, after all.

In Australia, Hugh met and married his wife, a clinical psychologist. She shares his adventurous spirit, and they returned to the U.S. in 1996 when Hugh accepted a position as assistant professor and director of the Institute for Correctional Research and Training at Morehead State University in Kentucky. There, he continued his work in teaching, research and technical assistance in the criminal justice system until 1998, when CDC called.



Hugh Potter, Ph. D.

According to Hugh, CDC gave him the chance to look at corrections from a different perspective – that of public health. And while he has held several positions at CDC, the variety provided by his current job is without a doubt, what he likes best. Here, he is primarily a problem-solver, providing technical assistance to all kinds of programs. This means that he does “a little bit of everything,” as he describes it. Working with local health departments and other centers at CDC, Hugh helps to set up programs and provide people with the information they need, rather than “what we think they need.” He connects people and resources.

Hugh compares it to what he did previously in his criminal justice planning days – troubleshooting - rather than what he did previously at CDC as a Behavioral Scientist. Now he helps to *solve* problems, rather than just *study* problems.

The Corrections Demonstration Project is only one part of his job but clearly an exciting one. Hugh points out that, traditionally, correctional management has focused on the high cost of health care and resented the drain on their budget. Concerned primarily with custody, they viewed correctional health care as a “necessary evil” forced upon them. The challenge for public health, then, is to get the word out to correctional administrators that good health care benefits them also. He sees the re-entry initiative of the Corrections Demonstration Project as playing a key role in this regard. The focus on mental health, substance abuse and physical health in both the correctional and post-correctional setting forces correctional administrators to start thinking about beneficial treatment in

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the institution. As Hugh sees it, the Corrections Demonstration Project is bringing rehabilitation back, through the back door.

When he is away from the job, Hugh spends his spare time remodeling his house. While he claims to own land in the north Georgia Mountains for his eventual retirement, it is hard to imagine this energetic social advocate slipping away to the bucolic countryside and living a life of rustic tranquility. Until then, any goals, accomplishments or mountains yet to climb? Not surprisingly, Hugh says that he just wants to do good work...and not mean well.

**O**

## Roundtable on Housing

By Edith White, South Shore AIDS Project, Plymouth, MA

One very positive roundtable at the Centerforce conference focused on housing for ex-offenders. This roundtable examined successes, especially Otis Williams' work. He is the Director of New Beginnings Recovery Homes in Chicago, IL. Otis just "did it." He created housing that now holds 350 men. His program, New Beginnings Recovery Homes, started with the \$150 he had in his pocket, and the program still remains an initiative that succeeds without external funding. Otis and his volunteers manage the houses and assist with finding jobs for residents in the program so that they can pay affordable rent. An ex-offender can stay in the program as long as he chooses.

Another positive part of the housing roundtable was the decision that participants could link with one another for ongoing support with real barriers and solutions. Emails and faxes can give leads on funding sources or help navigate around system issues or bureaucratic barriers.

Roundtable facilitator, Donald Storms, from New York City, expressed the way the linking works well with the phrase, "I got your back," meaning that each member would watch out for the other.

**O**



## Save the date...

- February 24-28** **9th Conference on Retrovirus & Opportunistic Infections**  
Seattle, WA  
(703) 535-6862
- February 25-26** **2002 National Conference on African-Americans and AIDS**  
Washington, DC  
www.ncaaa.net
- March 3-9** **13th Annual Black Church Week of Prayer for Healing of AIDS**  
(888) 225-6243
- March 4-7** **2002 National STD Prevention Conference**  
San Diego, CA  
(404) 233-6446
- March 6-9** **Community Planning Leadership Summit for HIV Prevention**  
Chicago, IL  
Paul Woods, (202) 483-6622, ext. 342
- March 7-9** **11th Annual Florida HIV Conference**  
Orlando, FL  
(813) 974-4430
- March 12** **Management of HIV/AIDS in the Correctional Setting: "Dermatological Manifestation of HIV Infection, A Live Satellite Videoconference"**  
Sarah Walker (518) 262-4674
- March 14-17** **2002 ACHSA Multidisciplinary Training Conference**  
Portland, Oregon  
(877) 918-1842
- March 19-22** **14th National HIV/AIDS Update Conference**  
San Francisco, CA  
(514) 874-1998
- April 13-16** **Clinical Updates in Correctional Health Care**  
Ft. Lauderdale, FL  
(773) 880-1460
- April 28-May 2** **American Jail Association 21st Annual Training Conference & Expo**  
Milwaukee, WI  
Dorothy Drass, (301) 790-3930
- June 4-5** **2002 National CBO Meeting**  
Ft. Lauderdale, FL  
Michaela Leslie-Rule, (202) 483-6622

# Second Annual Inside-Out: Bridging Public Health and Corrections Summit in San Diego



By Mick Gardner, Centerforce

For the second consecutive year, Centerforce was happy to host its event, Inside-Out: Bridging Public Health and Corrections Summit. People from corrections and public health and community organizations in attendance all agreed that the three-day event provided a unique and innovative forum to share perspectives on a wide range of current trends and critical issues of health and correctional importance.

Conference Chair Mick Gardner's goal for this year's Summit was to bring together a national representation of providers and recipients of services to discuss the critical issues that confront those incarcerated and those attempting reintegration into the community. Centerforce is uniquely qualified to bring groups and individuals together that normally do not "sit at the same table." This year's Summit succeeded in meeting this goal.

The summit featured a variety of presentations and discussion formats – plenary sessions and an energizing networking reception. New additions to the summit included a hospitality room which provided the perfect place to interact, meet with colleagues and enjoy refreshments and separate workshop tracks – clinical, prevention & education, transitional services I & II, and current trends and critical issues. These additions allowed for a wide-range of topics and gave everyone an opportunity to discuss these issues in depth.

A special highlight of the summit was the opening plenary session, which featured a panel of ex-offenders who shared their plight of making a successful transition from incarceration to reintegrating back into the community. They discussed the numerous obstacles they had to overcome. The audience gave them a standing ovation for their stories and their successes. "That emotional session and response set the tone for the whole conference," Gardner said. Another standing ovation was given to Warden Jeanne Woodford of San Quentin

State Prison, who gave a rousing keynote address on "Forging the Relationship between Corrections and the Community." Her presentation inspired many who care deeply about health and support services for individuals (and their loved ones) in and outside of the correctional system. One summit participant noted that as an ex-con, he never thought he'd be giving a standing ovation to a prison warden.

After receiving comments and reading the participant evaluations, Gardner said that he was very gratified to find that many reported that the summit was rich in networking and learning opportunities. Steps are already underway to determine the 2002 Summit host site (location is in San Diego – of course!) and the tentative dates are **October 7-9, 2002**. Visit our website at [www.centerforce.org](http://www.centerforce.org) for updates. See you there.

Through the Corrections Demonstration Project, *Centerforce* is focused primarily on programs that provide health education, information and support services to the incarcerated communities at San Quentin and the Central California Women's Facility. The "Get Connected" Project has six deliverable service components:

**Peer Health Education** - Health education sessions facilitated by trained inmate peer educators take place at prison orientations, education/school classes, prison work sites, and in pre-release classes offered through the education department for the general population. These sessions focus on increasing inmates' perception of personal risk for HIV and will also cover other STDs, hepatitis B/C and tuberculosis.

**Peer Health Education Training** - The *Centerforce* staff provides 30 hours of intensive health and skill-building training to inmates, and those inmates then facilitate daily health education workshops for newly arriving inmates.

**Peer Health Education Training Refreshers** - *Centerforce's* peer health educator refresher training consist of approximately five, one-hour health educational sessions over a one-

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Mick Garner and Katie Kramer of Centerforce, with Edith White of the South Shore AIDS Project.



## Corrections to Community: Leaving the Bars Behind Three Models of Transitional Case Management



Sonney Mansfield, Donald Storm, Jackie Zalumas and Otis Williams.

By Jackie Zalumas, Corrections Technical Assistance and Training Project, Southeast AIDS Training and Education Center, Emory University, Atlanta, GA

Three case managers with direct experience with transitional case management and inmates in three different states presented a panel at the Centerforce meeting. The case managers described their diverse transitional programs that facilitate successful inmate adjustment from corrections facilities to the community. They discussed how they personally engage with inmates prior to release and continuing into community adjustment.

Each of these three programs is supported in part through Grant Number 99095 from the Health Resources and Services Administration (HRSA) Special Projects of National Significance (SPNS) Program and the Center for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention – Corrections and Public Health Initiative Demonstration Projects. Travel support for the transitional case managers was provided by Agouron Pharmaceuticals.

The presentation generated good discussion and questions from the audience and presented real issues and barriers that had meaning for the participants. Programs included:

**The “Oh Boys” and “Joys” of Corrections Case Management – A View of What Works!** Arthur “Sonney” Mansfield, Reintegration Specialist, in the South Shore AIDS Project TIP Team, (Transitional Intervention Project), Plymouth, MA.

**Stages of Care in the Criminal Justice System.** Donald Storms, Director of the Corrections Case Management at Rikers Island, New York City, Department of Health.

**Residential Support for Transition.** Otis Williams, Director, New Beginnings Recovery Homes, Chicago, IL.

**Moderator:** Jackie Zalumas **O**

## Clinical Training Track at Center- force Summit

By Carol Dawson Rose, Ph.D., RN, Pacific AIDS Education and Training Center, San Francisco, CA



Jackie Zalumas of SEATEC and Carol Dawson Rose of PAETC.

The second annual Centerforce Summit was a success in many ways, including the introduction of a clinical track for health care providers. In collaboration with Centerforce, the Pacific AETC organized four breakout sessions specifically designed for clinicians working in corrections. The topics of the four sessions were

- Management of Occupational Exposures: Hepatitis C, HIV, and TB
- Starting and Maintaining HIV Antiretroviral Therapy in Correctional Settings
- Current Practices in Screening and Treating Sexually Transmitted Infections: Chlamydia, Gonorrhea and Syphilis
- Dealing with Mental Health Issues in a Correctional Setting

The clinical track was also a success. We had more than 25 clinical providers from local, state and juvenile facilities from all over California and other states as well. In addition to the clinical providers, other interested parties attended some of these sessions. The session focusing on mental health drew a large audience. While this session presented a general overview of mental health issues in correctional settings, there was a lot of good discussion about what’s happening in different facilities and what concerns the attendees had about undiagnosed mental illness and an overall unmet need for mental health services for incarcerated individuals.

The session on occupational exposures was timely, as Dr. Jackie Tulskey was able to answer concerns about occupational exposures and risk for the exposed, especially around hepatitis C. Attendees were able to have their concerns addressed including concerns about some of the gaps between institutional policies and practice. Drs. Geeta Gupta and Daniel Lee, who provide clinical consultation for state facilities on HIV care, gave an update on HIV antiretroviral therapy. Dr. Sharon Adler discussed the need for screening for sexually transmitted diseases and gave updates on screening, diagnosis and treatment in the clinical setting.

For our first effort at organizing a specific clinical piece to the Centerforce Summit, we consider our efforts a success in reaching clinicians that are providing health care to incarcerated individuals. Our plan for next year is to double the number of clinicians who attend the summit. We are making plans for our sessions next year and have been listening to the feedback of those who attended. We look forward to this continued collaboration in our efforts to increase the quality of health care provided in correctional settings. **O**

# New Beginnings Recovery Homes -- A Solution

## Interview: Otis Williams CEO/President

By Linda Levinson, Corrections Technical Assistance and Training Project, SEATEC, Atlanta, GA

All of us in the CDC/HRSA Corrections Demonstration Project understand the many issues facing inmates as they prepare to return to the community. Issues of housing and employment, continued need for both medical and mental health services and -- most clearly -- the overwhelming need for substance abuse programs that meet clients' needs over time. We all acknowledge these problems; here's a man who has found one solution.

Meet Otis Williams and The New Beginnings Recovery Homes in Chicago. Otis has envisioned, created and nursed New Beginnings for the past twelve years. He is truly the chief cook and bottle washer for this organization. Otis's vision for New Beginnings sprung from his response to a family member's inability to find long-term help for his heroin addiction. Otis was confronted with what we all know to be a significant issue with the one-week or less option offered by hospital-based programs. From that difficult experience, New Beginnings was born.

New Beginnings is a transitional housing program that serves HIV+ and non-HIV+ men. Their mission is to provide a safe and clean living environment to men in recovery. They succeed in their intent to get their clients all the services they need, for as long as they need them. It is the client who declares his readiness and ability to leave.

The staff consists of peers who have been in recovery themselves or who have shared the innumerable problems their clients are now facing. These peer case managers broker a variety of services for their clients that would be impossible for them to access independently. Examples of these services include: clothing, food, housing, employment and transportation.

Transportation to needed services is provided, even if it means a staff person drives the client himself. Circle Family Care and Dr. Thomas Huggett provide primary medical care, and a mobile unit arrives at the door of New Beginnings each Thursday. A mobile dental unit provides ongoing dental services.

Mental Health services are a core component of New Beginnings and are provided by Bobby Wright Comprehensive Mental Health Services. The staff from these organizations comes to New Beginnings each Monday and Thursday to work with those clients who need mental health services. Dr. Huggett assists with getting clients the necessary psychotropics.

CNM Medical Management Pharmacy brings a 30-day supply of ordered medications to New Beginnings if the client has a

valid Medicaid card. Those without Medicaid use the county system with the support of the New Beginnings staff.

Case managers from our project and Surmak Health Care refer clients to New Beginnings. Twenty slots are funded through our grant. These are clients who have no other place to go. I asked Otis about women who also need the very kind of environment provided for 140 men. Otis was quick to inform me of the 16 other organizations he collaborates with, eight of whom provide services to females. Otis is the mentor for these programs serving women, which are spin offs from New Beginnings. His philosophy is to teach these groups to help themselves using New Beginnings as a model.

When asked what motivates him to continue this work, his responses are quick and very straightforward, "Making money is not an issue, taking care of people is key." His satisfaction comes from watching people recover from drugs or watching a mother reclaim her children or following a HIV+ client whose T cell count is up and whose viral load is down.

His greatest achievements are found in the men who have come through New Beginnings and have bought the vision. These are the clients that want to become peer case managers or part of the team and who proudly proclaim, "This program worked for me!"



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# Interview:

Marsha Weissman, Executive Director  
Center for Community Alternatives  
(CCA), Syracuse, New York.

**M**arsha Weissman is passionate about her work. Weissman, executive director of the Center for Community Alternative (CCA) in Syracuse, NY, heads a private, not-for-profit agency that works in criminal and juvenile justice and related human services. CCA is a part of the CDC/HRSA Corrections Demonstration Program (CDP) that examines discharge planning of HIV+ inmates returning to the community in seven states. Inside Out spoke to Weissman recently and she discussed her work at CCA and her thoughts on the problems that need to be addressed in both the HIV and Corrections fields.

## What motivated you to work in human services?

A passion for social and economic justice, combined with a remaining sense of idealism, motivates my work to reduce reliance on incarceration and improve conditions for people in prison and as they leave. In 1971, while I was a graduate student in urban public policy, I saw the retaking of Attica prison and that event spurred my interest in prisons, corrections and issues surrounding who goes to prison. I became aware that the corrections system is a window into issues of social justice that confronts the United States outside prison walls.

In 1971, when I first became aware of criminal justice issues, there were about 12,000 people in New York State prisons — in 2002, there are 70,000 in state prison in New York and 2 million nationally. Corrections issues can no longer be narrowly defined as prisoners' rights, they now involve community survival and fundamental questions about how our country solves its social problems. I have learned over the years of doing this work, that "who" is in prison goes beyond questions of personal responsibility and into the very questions that engaged me as a student -- social and racial justice, employment policy, health policy, education policy and housing policy. I have learned that criminal justice is in fact America's social policy. I am still idealistic enough to believe that this is not what our citizenry really intends. I am still committed enough to think that this work will make a difference. This passion and these sensibilities propel my work.

## What are the challenges you face as executive director of the Center for Community Alternative?

One thing I can say about this job is that it is certainly not boring and requires one to learn new skills almost every day including the ability to multi-task. It is an especially challenging time for not-for-profit organizations, especially those like CCA that work with disempowered communities. The downturn in the economy and the aftermath of September 11<sup>th</sup> has made it even more difficult to access resources needed to do the work that we do.

I define my primary responsibility as making sure that CCA keeps to its mission to reduce reliance on incarceration and help people live safe, productive and healthy lives. This requires programs and staff that respect the responsibility of our work, and the clients and communities that we serve.

However, as with most not-for-profits, CCA requires the executive director to be a bit of a "jack-of-all-trades." Therefore, I spend my time working with colleagues to educate our policy makers about the benefits of alternatives to incarceration programs, programs for people in and leaving prison. I am also involved in raising funds for the agency, as well as the fiscal and programmatic management of our services. CCA staff work as a team to help solve problems and challenges facing the clients that we serve and are always looking for ways to support our direct program staff so they can do the critical work they do with clients. I am fortunate to have a great staff and board of directors that are equally committed to the mission of the agency.

## What is your background?

I have worked for the Center for Community Alternatives since 1981. Prior to that I was a researcher at the Maxwell School of Syracuse University. My volunteer work is primarily in education and I am a strong advocate for quality public education. I volunteer with my children's schools and in school district-wide work.

I would describe my major accomplishment as providing the leadership to enable CCA to take up new challenges to the cause of justice for those individuals, communities and institutions involved in criminal and juvenile justice. In particular, CCA has been involved in providing services to people with HIV and AIDS in prisons and in community justice settings. CCA was one of the first organizations to go into prisons to support and aid prisoners with HIV and AIDS.

I am proud of the role that CCA has played in promoting the development and delivery of alternatives to incarceration. CCA started the first drug treatment alternative to incarceration for women in the New York criminal justice system in 1990. We also operate one of the few programs in the state that serves children under the age of 16 processed in the adult criminal justice system. CCA also works with children of incarcerated parents. When New York State enacted the death penalty, CCA responded by offering death penalty mitigation services.

The awards that I have received, which I share with my staff, are a National Organization of Women's Unsung Heroine Award, the Onondaga County Bar Association Liberty Bell

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## Interview: Marsha Weissman

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Award and the National Association of Sentencing Advocates, Exemplary Contributions to the Field Award.

### What are the problems in the fields of HIV and corrections?

Prison is simply not the place to be if one has a life-threatening illness. A lot of the problems we see relate to the difficulty of providing adequate emotional, as well as, medical support to prisoners with HIV. CCA delivers HIV-related services to prisoners in 13 prisons in New York state and two local correctional facilities.

While New York has some of the most comprehensive HIV-related services for people in the criminal justice system, most of which are delivered by community-based organizations, given that the primary purpose of a correctional institution is custodial, support services take a back seat. As a result, we encounter problems in scheduling services that are exacerbated by the distances that we travel to most of the facilities that we serve. There are delays getting into the facilities and delays in having the prisoners brought to us for services. It may be difficult to get space to conduct a confidential interview or to run a support group.

There are also challenges with regard to prisoner reentry. There are simply not enough resources to adequately serve the numbers of people getting out in a way that will provide them with a decent start. Housing is especially difficult and many ex-prisoners have no place to live other than a shelter at release. The collateral consequences of conviction add to the difficulty in gaining employment.

Finally, working inside prisons takes its toll on staff. As prisons are primarily located in rural upstate areas, staff travel long distances to provide the services. The work also takes an emotional toll -- many of our staff have expressed how difficult it is to leave behind people who are coping with HIV in a prison setting.

### If you had three wishes for corrections, what would they be?

My first wish would be for there to be an expansion of community-based initiatives, both at the front end, so that fewer people would be incarcerated, and at the "back end," i.e., services for people reentering the community. A reduction in the number of people incarcerated would aid in my second wish for more and better programming for people inside. This also requires more training of corrections staff so that they can be more informed about and supportive of HIV-related and other support services for prisoners. My final wish, while not limited to corrections, certainly affects the field. I would wish for resources to be directed to improving social and economic justice for poor people and disempowered communities. A decent job at a decent wage goes along way in preventing crime in the first place.

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## The 9-11 Crisis and Public Health --Partners At A Crossroad

by Linda Levinson, RN, BA, Corrections Technical Assistance and Training Project, Emory University, Atlanta, GA

**I**t would be difficult to publish this issue of *Inside Out* without commenting on the September 11 day of terrorism or its implications for all of us. It would be impossible for us to ignore the tremendous impact of terrorism on our partners in the Public Health arena.

All of our lives have forever changed -- our jobs and roles in the Corrections Demonstration Project have been altered by our need to constantly factor in security to our daily routines.

Corrections facilities and those that work in them must now be mindful of how easily daily routines might be disrupted by an act of terrorism or even the fear of one. Getting needed staff to work and obtaining adequate stores of essential medications and supplies have become issues to deal with; new policies must be considered, and new response procedures need to be implemented. Before 9-11 the issue of maintaining adequate supplies of life-sustaining medications like insulin would not have factored into daily routines.

We in the CDC/HRSA Corrections Demonstration Project work hand and hand with Departments of Public Health. This partnership is an integral part of our project. With the arrival of the anthrax letters, a new spotlight was placed on CDC and the Public Health sector. It is the mission of CDC on behalf of DHHS to monitor and protect the health of the U.S. population.

The core functions of the American Public Health Service had been poorly recognized and valued prior to 9-11. After that day, and following the beginning of the anthrax letters, a new respect and understanding has developed in regard to the unique role of the Public Health System. It is likely that we will see this recognition and value surge as we enter this new and unknown era of biological terrorism. A powerful public health structure is the best defense against any disease outbreak.

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# The **GEORGIA** Demonstration Project

By Veronica Hartwell, Georgia Department of Public Health

**T**he goal of the Georgia Demonstration Project is to improve the health of incarcerated populations as related to HIV, STDs, tuberculosis, hepatitis and substance abuse both during the period of incarceration and after release back into the community by deploying a range of strategies related to primary healthcare and prevention.

In order to achieve this goal, the project provides transitional case management and community linkages for inmates with HIV/AIDS in the Fulton County Jail; it implements Chlamydia and Gonorrhea screening and treatment and follow up for juveniles in the Metro Regional Youth Detention Center; and ensures the implementation of Chlamydia and Gonorrhea screening, treatment, community linkage and follow up for female inmates at the Fulton County Jail.

To aid in fulfilling these goals, the Georgia Department of Human Resources-Division of Public Health, STD/HIV Section, has contracted with three community-based organizations to provide services to clients that are either incarcerated or released. These organizations are AID Atlanta, Outreach, Inc. and Wholistic Stress Control, Inc.

1. AID Atlanta provides transitional planning and case management for inmates while incarcerated and after release from the Fulton County Jail.
2. Outreach, Inc. is subcontracted through AID Atlanta to provide substance abuse counseling, education and treatment referrals for inmates with HIV.
3. Wholistic Stress Control, Inc. (WSC) provides HIV/AIDS and other STD prevention education to inmates at the Fulton County Jail, the Jimmy Helms Diversion Center, The Metro Transitional Center for Women, as well as the Metro and Dekalb RYDCs.

There are also numerous Correction Facilities involved in the Project.

1. The Fulton County Jail participates in the transitional planning/case management, STD screening and prevention education projects and is located in Atlanta, Georgia.
2. The Metro Regional Youth Detention Center (RYDC) participates in chlamydia and gonorrhea screening and



Dr. Jeff Porterfield, Georgia Project Evaluator; Lamegra Garner, Corrections Case Manager, AID Atlanta; and Raphael Holloway Project Director for Corrections Program, AIDS Atlanta.

prevention education for female youth and is located in Atlanta, Georgia.

3. The Dekalb RYDC participates in the prevention education for male youth and is located in Decatur, Georgia.
4. The Metro Transitional Center for Women participates in the prevention education project and is located in Atlanta, Georgia.
5. The Jimmy Helms Diversion Center participates in the prevention education project and is located in Atlanta, Georgia.

*To find out more information about the Georgia Demonstration Project, please contact Veronica Hartwell at:*

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E-mail: [vhartwell@dhr.state.ga.us](mailto:vhartwell@dhr.state.ga.us)*

# Spinning our Collective Web

By Cameron Coltharp, Rollins School of Public Health, Emory University

**S**trap on your hard hats! Construction has begun. The CDC/HRSA Correctional Demonstration Project (CDP), in conjunction with the Emory University-Abt Associates Evaluation Support Center (EPSC), is in the initial stages of constructing an Internet web site. Construction of this site will occur in stages.

By the time you read this, our home page should be up for viewing. On this page you will find an image map identifying each of our seven grantee sites. There is also a brief descriptive statement about the CDP and the EPSC and a boxed list of onsite pages that will link to various common components and initiatives of our demonstration project as well as links to other related HIV and corrections health care sites. But that's just the start.

Our next step is to construct information links to each of the seven state grantee sites. Visitors to our Home Page may simply click on a specific grantee site located on the image map and go directly to onsite information about that grantee project.

Initially we plan to keep the scope of this information basic and factual. Information will include the purpose of the project; goals and objectives; specific interventions by type of facility (jails, prisons or juvenile centers); current logic models of the program; site contacts; and any special events connected to the project. We have posted links to this information on the website. We plan to expand the scope of this information to include qualitative data related to challenges, strategies, achievements, and lessons learned by the grantees and frontline staff. We hope that all of you working on this grant will contribute to the substance of this information.

The third step in the construction of the web site is to provide onsite links to three of our primary initiatives that will likely be of substantive interest to our visitors. These initiatives include links to three of our work groups: the Prison Work Group, the Jail Work Group and the CBO Work Group. As most of you know, these work groups are not site specific but share challenges and strategies related to the achievement of the overall mission, common goals and objectives of the Corrections Demonstration Project. Each of these work groups will provide information on their purpose, goals, objectives, interventions and guidelines related to working in their specific setting.

The guidelines will include some initial lessons learned in

working with inmates and staff in the correctional environment as well as other lessons learned working with HIV positive ex-offenders after release. We expect these lessons to expand over time, but we are already aware of initial lessons to be shared that will be helpful not only to project participants but to others who may want to build on our experiences to develop their own local initiatives.

All of this information listed above will be available to all who visit our site, including a host of links to other HIV and corrections-related sites. In addition to this public area, we plan to include on the web site an internal bulletin board that will be available by password to all those involved in our project. This password-connected area is likely to include a list of topics, data submission forms, events and documents that will be of primary interest only to providers. We are still in the process of determining the specific content that will be most useful to include in this area.

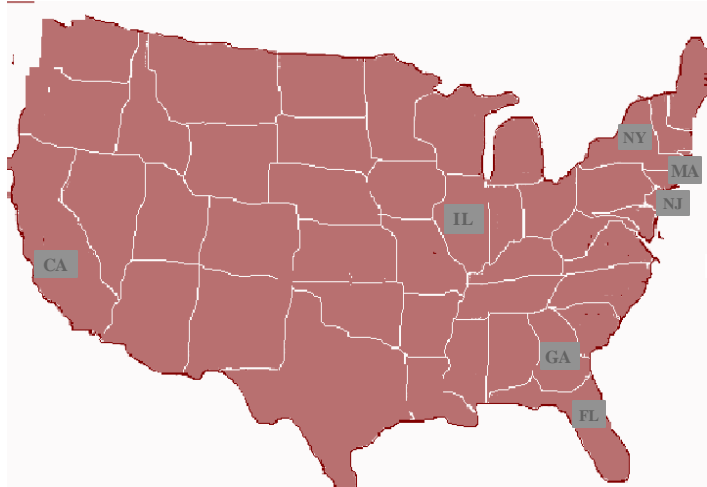
As mentioned earlier, the CDC/HRSA web site remains under construction. We expect it to be modified and to be further enhanced as we move through the challenges we face and learn more about the barriers and achievements of our individual and collective initiatives.

Only our mission remains constant: to develop the necessary skills and model programs that are most effective in assisting at risk and HIV-positive inmates and ex-offenders to transition successfully back to the community. With this mission in mind, the purpose of the web site is two-fold: to assist each other in our collaborative efforts to further this purpose and to share our interventions, strategies, knowledge and learned lessons with all others who share our mission and wish to learn from our efforts. Selah!

**O**

## Corrections Demonstration Project

An Evaluation by The Emory University–Abt Associates Evaluation and Program Support Center



### What is the Corrections Demonstration Project (CDP)?

The Corrections Demonstration Project consists of a network of community demonstration projects in seven states (California, Florida, Georgia, Massachusetts, New Jersey, New York and Illinois). It is funded through the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA). The purpose of the project is to develop model programs that increase collaboration among public health departments, correctional facilities and community-based organizations in order to enhance prevention and care services to incarcerated persons at high-risk for HIV or living with HIV/AIDS. The primary project objective is to expand and enhance HIV-related services to inmates in correctional facilities and especially to those in the process of preparing for release or recently released from prisons, jails and juvenile facilities.

### What is the Emory University–Abt Associates Evaluation and Program Support Center (EPSC)?

The Emory University–Abt Associates Evaluation and Program Support Center (EPSC) is a recently created partnership between the Rollins School of Public Health of Emory University and Abt Associates. The program is funded through HRSA. The EPSC collaborates with the CDP grantees, funding agencies and technical assistance (TA) providers to assist grantees in the development and implementation of their programs and to collect data on services to inmates and those recently released from correctional facilities. Two guiding objectives are to provide timely feedback to grantees on program implementation and to document achievements and lessons learned.

(Continued from page 4)

day period, normally 30 to 45 days after the 30-hour peer education training.

**Re-Entry Education** - For those inmates preparing for release, *Centerforce* staff, peer educators and community speakers provide workshops on relevant health topics.

**Special Projects of Health Significance** - *Centerforce's* special projects of health significance will be a presentation of the Names Memorial Quilt during AIDS Awareness month (December). *Centerforce* sponsors a Community Health Fair for the general population. Community organizations and speakers provide a day-long health education symposium.

**Prevention Case Management** - The prevention case management component of the program provides five months of intensive transitional support, including one-on-one client-centered case management, development of individual risk assessment and reduction action plans and post release support through referrals to community-based agencies. A new expanded version of this project reflects the creativity that is the hallmark of *Centerforce* programs. This new pilot project will utilize a more comprehensive approach to transition planning and will include case managers working not only with the inmate, but also with the partner/family of the inmate both before and after release.



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# Training for Drug Court Employees in Atlanta

By Linda Levinson, RN, BA, Corrections Technical Assistance and Training Project, Emory University, Atlanta, Georgia

Staff from the Correctional Technical Assistance and Training Project provided training for a group of employees working in the Fulton County Drug Court in Atlanta on occupational exposure to a variety of infectious diseases including HIV, hepatitis and tuberculosis.

The employees expressed a need for more information on these topics to reduce their growing anxiety and fear related to potential work exposures. Many were overlooking the procedures already in place for their protection. Most thought they had sufficient information to make them safe but were much surprised by some of the updated information they received during the training.

In the three-hour session, many of the fears and generalized anxieties of the group were addressed with didactic information, handouts and interactive sessions. The goal of the training was to provide the necessary information to these employees that would enable them to reduce their work exposures to infectious diseases. Training was geared entirely to the specific environment of this group.

Ongoing training will be necessary to assure compliance with existing policies and procedures and to keep staff updated on new information. The lesson of this kind of training is clear. Employees must have the most recent information but must also have the tools and skills necessary to use this information in their day-to-day routines. This is our best chance at keeping occupational exposures to a bare minimum.



## Resources

## Resources

**EMAIL LISTSERV ON HIV AND HEP C IN PRISONS AND JAILS** PrisonPoz is an email listserve focusing on HIV and Hepatitis C in prisons and jails. More than 120 subscribers from across the country--service providers, activists, ex-prisoners, academics--use the listserv to discuss and share information and announcements in the field. Subscription is free! Email list owner Rachel Maddow (maddow@rcn.com) for further information or to subscribe.

**EMAIL LISTSERV ON RYAN WHITE CARE ACT UPDATES** The HRSA HIV/AIDS Bureau (HAB) features updates for the Ryan White CARE Act community through the HAB News listserv. To subscribe, contact Paula Jones at pjones1@hrsa.gov.

**POZ LIFE FORUMS** POZ Magazine organizes "POZ Life Forums" which are all-day, free conferences for HIV educators, care providers, PWA's (Persons with AIDS) and others held at different sites in the United States. For a schedule of POZ Life Forums and additional information, check the POZ Life Forums information on the website ([www.poz.com](http://www.poz.com)) or send an e-mail to [lauraw@poz.com](mailto:lauraw@poz.com).